

<i>SERFF Tracking Number:</i>	<i>LSVX-G127630358</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>49813</i>
<i>Company Tracking Number:</i>	<i>AR000960100009</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Group Health Policy Amendment - September 2011</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100009</i>		

## Filing at a Glance

Company: USAbLe Life	
Product Name: Group Health Policy Amendment - September 2011	SERFF Tr Num: LSVX- G127630358
TOI: H16G Group Health - Major Medical	State: Arkansas
	SERFF Status: Closed-Approved- Closed
Sub-TOI: H16G.001C Any Size Group - Other	State Tr Num: 49813
Filing Type: Form	Co Tr Num: AR000960100009
	State Status: Approved-Closed
	Reviewer(s): Rosalind Minor
	Disposition Date: 09/27/2011
	Author: SPI Life and Specialty Ventures
	Date Submitted: 09/16/2011
	Disposition Status: Approved- Closed
Implementation Date Requested: 09/16/2011	Implementation Date:
State Filing Description:	

## General Information

Project Name: GRP- Group	Status of Filing in Domicile:
Project Number: AR000960100009	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 09/27/2011	
State Status Changed: 09/27/2011	Deemer Date:
Created By: SPI Life and Specialty Ventures	Submitted By: SPI Life and Specialty Ventures
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	
Attached please find form 42-52 8/11 for your review and approval if indicated.	

This document adds language to administer Medical Loss Ratio rebates, amends the rescission provision as well amending termination of policy and refund of premiums provisions.

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Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the amendments as part of the benefit certificates with which they will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which these amendments will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which these amendments are attached.

Please feel free to contact Evelyn Laney at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst	<a href="mailto:rwittenburg@usablelife.com">rwittenburg@usablelife.com</a>
PO Box 1650	501-212-8877 [Phone] 8877 [Ext]
Little Rock, AR 72203-1650	501-235-8484 [FAX]

### Filing Company Information

USable Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: LSVX-G127630358 State: Arkansas  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$50.00	09/16/2011	51693090

SERFF Tracking Number:	LSVX-G127630358	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2011	09/27/2011

<i>SERFF Tracking Number:</i>	<i>LSVX-G127630358</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 09/27/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

SERFF Tracking Number: LSVX-G127630358 State: Arkansas

Filing Company: US Able Life State Tracking Number: 49813

Company Tracking Number: AR000960100009

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other

Product Name: Group Health Policy Amendment - September 2011

Project Name/Number: GRP- Group/AR000960100009

## Form Schedule

Lead Form Number: 42-52 8/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2011	42-52 8/11	Certificate	Amendment	Initial		40.290	42-52 8-11US Able AR - GP amendment.PDF
		Amendmen t, Insert Page, Endorseme nt or Rider					



**AMENDMENT TO THE  
USABLE LIFE  
GROUP HEALTH POLICIES**

**AMENDMENT NO. 42-52  
Form Nos. 40-01 and 40-02**

**COVENANTS OF THE POLICYHOLDER** is hereby amended to add the following new provision.

**K. Policyholder to Distribute and Account for Premium Rebates**

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder, on behalf of the Company, will distribute from the rebate a pro-rata share of the rebate to each Employee and former Employee based upon their contribution to the premium rebated.

Policyholder shall assure appropriate notification to federal and state tax agencies and that each payment to Employees and former Employees will be accompanied by appropriate federal and state documentation, e.g. Form 1099.

Policyholder shall develop and retain records and documentation evidencing accurate distribution of any rebate and shall provide such records to Company upon request. Such records shall include:

1. The amount of the premium paid by each Employee;
2. The amount of the premium paid by the Policyholder;
3. The amount of the rebate provided to each Employee;
4. The amount of the rebate retained by the Policyholder; and
5. The amount of any unclaimed rebate and how and when it will be or was distributed.

Policyholder will assure that any unclaimed rebate amounts will be reported in accordance with the unclaimed property laws of the applicable Employee's state of domicile.

Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section K. of the Group Policy.

**GENERAL PROVISIONS**, "Right of Rescission" is hereby amended to read as follows.

**F. Right of Rescission**

Fraud or intentional misrepresentation of material fact(s) may be used by the Company as the basis for rescission of coverage of the Policyholder, any Employee or any Dependent.

**GENERAL PROVISIONS**, "Termination of This Policy" is hereby amended to add the following new provision.

8. If this Policy terminates due to nonpayment of premium, the Policyholder may be eligible for reinstatement in the sole discretion of the Company, provided certain conditions are met. The following items are required to be submitted for reinstatement to be considered.
  - a. Payment via cashier's check for all premiums due;
  - b. Payment via cashier's check of a non-refundable reinstatement application fee in the amount of \$350 (or such other amount as may be deemed by Arkansas Blue Cross to cover reinstatement processing); and
  - c. Completion and return of a signed group application for reinstatement.



A reinstatement request, together with the above requirements must be submitted within fifteen (15) days of the date on the "confirmation of termination" letter. The reinstatement request will then be forwarded to a designated underwriter for review. Following review (which the Company will attempt to complete on most applications within 3-5 business days), the Policyholder will be notified of the decision regarding the reinstatement request.

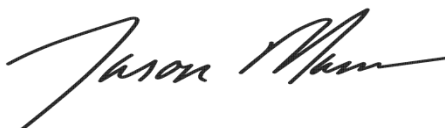
**GENERAL PROVISIONS**, "Refund of Premiums" is hereby amended to read as follows.

I. Refund of Premiums

If the Company terminates the coverage of a Covered Person, premium payments received on account of the terminated Covered Person applicable to periods after the effective date of termination shall be refunded to the Employer, unless the Covered Person had made a contribution to the premium and there was no basis for rescission. Such refund shall be made within 30 days, and the Company shall have no further liability under this Group Policy.

If the Employer terminates coverage of a Covered Person, the Company shall refund premium payments applicable to periods after the effective date of termination, provided that the Employer can demonstrate that the Covered Person made no contribution to such premium payments. The Employer must request the Company refund premiums paid for such Covered Person's coverage within 60 days from the effective date of termination of such coverage. Failure of the Employer to make a refund request within 60 days of the effective date of termination of the Covered Person's coverage shall result in the Employer waiving refund of any premiums paid for such coverage. If claims have been paid past the termination date, the payment amount of the claims will be deducted from premium refunds.

This Amendment becomes a part of the USAbLe Life Group Policy. All other provisions of the Policy remain in full force and effect.



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Jason Mann, President

USAbLe Life  
Group Health Division  
[PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/27/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Flesch Certification USable 42-52 8-11.PDF		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/27/2011
<b>Bypass Reason:</b> Not a policy filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/27/2011
<b>Bypass Reason:</b> Not PPACA related		
<b>Comments:</b>		



RE:           US Able Life  
Form Nos.   42-52 8/11

**FLESH READING EASE  
CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.3 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in cursive script, appearing to read "Jason M. Allen", is written above a horizontal line.

Name

President

Title

September 13, 2011

Date